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| <b>SERIAL NUMBER</b><br>10/570,909 | <b>FILING OR 371(c) DATE</b><br>03/29/2006<br><b>RULE</b> | <b>CLASS</b><br>435 | <b>GROUP ART UNIT</b><br>1633 | <b>ATTORNEY DOCKET NO.</b><br>50125/147001 |
|------------------------------------|---|---------------------|-------------------------------|--|

## APPLICANTS

Carsten Hopf, Mannheim, GERMANY;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/EP04/09771 09/02/2004

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

EUROPEAN PATENT OFFICE (EPO) 03019642.2 09/05/2003  
 EUROPEAN PATENT OFFICE (EPO) 04001895.4 01/29/2004  
 EUROPEAN PATENT OFFICE (EPO) 04001894.7 01/29/2004  
 EUROPEAN PATENT OFFICE (EPO) 04007447.8 03/26/2004  
 EUROPEAN PATENT OFFICE (EPO) 04018874.0 08/09/2004  
 EUROPEAN PATENT OFFICE (EPO) PCTEP2003013980 12/10/2003  
 EUROPEAN PATENT OFFICE (EPO) PCTEP2004004891 05/07/2004  
 EUROPEAN PATENT OFFICE (EPO) PCTEP2004004889 05/07/2004

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/22/2006

|   |                                    |                            |                           |                                |
|---|------------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>GERMANY | <b>SHEETS DRAWING</b><br>8 | <b>TOTAL CLAIMS</b><br>62 | <b>INDEPENDENT CLAIMS</b><br>3 |
| 35 USC 119 (a-d) conditions met<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                    |                            |                           |                                |
| Verified and Acknowledged   | Examiner's Signature               | Initials                   |                           |                                |

## ADDRESS

21559

## TITLE

TREATMENT OF NEURODEGENERATIVE DISEASES

|                                    |   |  |
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| <b>FILING FEE RECEIVED</b><br>5130 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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